

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 117442

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MAIL STOP PATENT APPLICATION

Customer Number: 27074

**NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): POWER SUPPLY FOR HYBRID SCAVENGELESS DEVELOPMENT
TYPE IMAGE FORMING SYSTEM

By (Inventors): William H. WAYMAN

- ☒ ☒ Formal drawings ☐ Informal drawings (Figs. 1-5; 5 sheets) are attached.
☒ Use Figure 3 for front page of Publication.
☒ A Declaration and Power of Attorney is filed herewith.
☐ This application claims benefit of Provisional Application No. _____ filed _____.
(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
☒ This patent application is assigned to Xerox Corporation.
☒ The executed Assignment is filed herewith.
☒ An Information Disclosure Statement is filed herewith.
☐ A Preliminary Amendment is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing.

☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF
ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	13- 20	= 0*	x 18	\$
INDEP CLAIMS	5- 3	= 2*	x 86	\$ 172
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			+290	\$
			TOTAL	\$ 942

* If the difference is less than zero, enter "0".

- ☒ Please charge Deposit Account No. 24-0037 in the amount of \$942.00. Two duplicate copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 24-0037. Two duplicate copies of this sheet are attached.

Respectfully submitted,



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